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Introduction

Attachment refers to the process whereby individuals show distress when separated from attachment figures and proximity seeking when stressed (Bowlby, 1969). Although it is conceived of as a system that affects development across the lifespan, less attention has been given to attachment in older adults. This is despite the number of relational transitions experienced later in life; the elderly experience the loss of close others through ill health and bereavement, dislocation from their relatives due to increased familial mobility and greater difficulties engaging in social activity after ceasing parenting and retirement.

Not only does the social environment change as individuals age, but there is evidence that attachment style becomes more avoidant. It is possible that older adults who experience declining self-capacity and loss of attachment relationships defensively place more emphasis on independence and self-reliance and less on interdependence (Zhang & Labouvie-Vief, 2004). Certainly, dismissive attachment is significantly associated with age (Magai, Hunziker, Mesias, & Culver 2000; Zhang & Labouvie-Vief, 2004) and older adults have very high levels of dismissive attachment (Magai et al., 2001; Webster 1997), especially when compared to younger adults (Diehl, Elnick, Bourbeasu, & Labouvie-Vief, 1998).

High rates of dismissive attachment are concerning given that avoidant styles are associated with self-reliance, even under conditions where it is not adaptive. Indeed, given the physical decline that comes with age some degree of dependency would be expected, but those with avoidant attachment may become isolated when most in need, eschewing social support and increasing levels of loneliness, with consequent risks for mental health (Cacioppo, Hawkley, & Thisted, 2010; Coyle & Dugan, 2012). Therefore social support is considered a key policy aim when promoting healthy aging (World Health Organization, 2015). The current study seeks to explore whether attachment, especially avoidant styles, might be a predictor of social support, loneliness and depression in old age.

Method

Participants

Initially, 217 older women were identified. These were a) mothers of a midlife sample of women selected from **general practitioners** (GP) surgeries for being vulnerable to depression, previously studied and described elsewhere (Bifulco, Moran, Ball, & Bernazzani 2002) and b) newly selected women from the same GP lists, all of whom also had a midlife daughter living in North London who was matched for demographic characteristics. Of these, 43 (26%) either directly refused interview, or had daughters who refused to contact them for the study, 33 (20%) were seriously ill or had died since last contact with the daughter, 28 (18%) proved unobtainable and 21 (13%) were not contacted because they did not bring up their daughter. Of those selected for interview, any who were aged over 75 or who showed evidence of cognitive impairment were given the Mini mental state exam (MMSE; Folstein, Folstein, & McHugh, 1975) and those evidencing cognitive impairment were excluded. The final sample consisted of 80 women aged between 50 and 83 (average age = 64.36, range = 51-83, SD = 7.07). **Based on current or prior occupation, 32 (40%) had professional or equivalent status; 10 (12%) were administrative/clerical; 4 (5%) were skilled manual and 29 (36%) were unskilled manual. Thus 41% were considered working-class (missing n = 6).** Just over half ($n = 46$; 57.5%) were married or cohabiting, the majority ($n = 63$; 78.8%) were white UK born, 14 (17.5%) were white non-UK born and 2 (2.6%) were black Afro-Caribbean (missing $n = 1$). One woman was excluded from analysis due to incomplete attachment style ratings.

Measures

Social support, isolation and loneliness

Ratings of isolation were objective ratings made based on lack of close others and lack of social contact. Loneliness was a subjective rating based on feelings of isolation and desire for

more company. Both were rated on 4-point scales (1 'marked', 2 'moderate', 3 'some', 4 'little/none'). Poor support was rated based on the absence of either any close confidant or partner or assessment of poor to very poor quality of relationship with partner and any support figure.

Attachment Style Interview (Bifulco et al., 2002)

This interview assesses quality of relationship with partner and up to two very close others, as well as interaction with family of origin. Secure attachment style is judged when at least two close supportive figures are identified. Further scales assess attitudes of avoidance (mistrust, constraints on closeness, fear of intimacy high self-reliance) and anxious ambivalence (desire for engagement, intolerance of separation, low self-reliance and anger). Based on both behaviour in close relationships and attitudes to closeness, assessments are made of Anxious (Enmeshed, Fearful), Avoidant (Angry-Dismissive, Withdrawn) and Secure styles. Reliability of the measure is satisfactory.

Structured Clinical Interview for DSM-IV (First, Spitzer, Gibbon, & Williams, 1994)

The SCID is a semi-structured interview for assessing DSM-IV Axis I disorders. It was administered to assess the presence of Major Depression in the 12 months before interview.

Analysis

Analysis was undertaken using SPSS 21. Chi-square statistic were used to examine the relationship between overall attachment style and the social factors. Binary logistic regression was used to examine how insecure attachment styles were associated with social factors and mental health in comparison to secure attachment.

Results

Participants

Over a quarter of the women (27.2%) were socially isolated and 44.4% had poor support, however only 12.3% reported being lonely. The majority of the women (63%) were rated as

insecure on attachment style, whilst only 37% were rated secure. Over a third (37%) of the women were Withdrawn, 11% were Angry dismissive, 8% were Fearful and 8% were Enmeshed. Almost a third (32%) had a diagnosis of depression, whilst just over half (51%) had been diagnosed with an internalising disorder (e.g. depression, anxiety).

Social support, attachment style and depression

Attachment style was significantly related to poor support, social isolation and loneliness (see table 1). Compared to those with secure attachment, those with a fearful attachment style were most likely to have poor support (OR = 24.0, $p < .01$), however the angry-dismissive (OR = 9.60, $p < .01$) and withdrawn (OR = 7.86, $p = .001$) styles also rated poorer support. Interestingly, those who were enmeshed did not rate the quality of their support differently from those who were secure (OR = 2.40, *ns*). Those with an angry-dismissive style (OR = 72.0, $p = .001$) or withdrawn style (OR = 24.0, $p < .01$) were significantly more isolated than those with a secure style. However, the withdrawn style did not rate themselves as significantly more lonely (OR = 4.94, *ns*), whereas the angry-dismissive style did (OR = 21.0, $p = .02$). Indeed, the Withdrawn style had very high rates of isolation (50%) but only 19% reported feeling very lonely. Angry-avoidant older adults were significantly more likely to be depressed than securely attached individuals (OR = 6.65, $p = .03$). This was also the case for internalising disorders (OR = 11.3, $p = .03$).

[Table 1 near here]

Discussion

This study explored attachment styles in older adults and how this related to social support, isolation, loneliness and depression. Just under half of the sample had avoidant attachment styles; this style tends to be overly self-reliant, which may explain why although rates of poor social support and isolation were high the subjective feeling of loneliness was low.

Insecurely attached adults tended to be more isolated and lonely and were more likely to have poor social support. Only those with enmeshed style did not report having significantly poorer social support than those with secure attachment. The enmeshed style is characterised by a high desire for company and a fear of separation and individuals with this style tend to have superficial relationships (Bifulco, 2014). Thus, it is possible that while these older adults report good social support this might not objectively be the case.

The avoidant styles were significantly more likely to be isolated, whereas only Angry-Dismissive adults were significantly more lonely. This may be because the Withdrawn style has a low desire for company and so isolation does not result in feelings of loneliness (Bifulco, 2014). Indeed, only the Angry-Dismissive adults had an increased risk of mental health problems, suggesting there is something particularly damaging about feelings of loneliness to mental health.

Nevertheless, this study has very small numbers, especially when the attachment styles are considered separately and so more research needs to be conducted to replicate these findings. Additionally, the data was collected cross-sectionally and so causal relationships cannot be ascertained.

This study suggests interventions aimed at improving the quality of life for older adults should take attachment styles into consideration as they are a vulnerability factor for isolation, loneliness and poor social support. This is especially true for avoidant styles who are significantly more likely to be isolated than secure styles. In particular, older adults with an angry-dismissive style may be increasingly vulnerable as their isolation is attended by feelings of loneliness and higher rates of mental health problems.

Declaration of interest: The authors report no conflict of interest

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Table 1: Attachment style in older women and quality of support

Attachment Style	Poor support ^a	Isolation ^b	Loneliness ^c
(Marked or moderate)	n (%)	n (%)	n (%)
Enmeshed (<i>n</i> = 6)	2 (33)	1 (17)	2 (40)
Fearful (<i>n</i> = 6)	5 (83)	2 (33)	0 (0)
Angry-dismissive (<i>n</i> = 9)	6 (67)	6 (75)	3 (50)
Withdrawn (<i>n</i> = 29)	18 (62)	12 (50)	4 (19)
Secure/mildly insecure (<i>n</i> = 29)	5 (17)	1 (4)	1 (5)

Note. ^a $\chi^2 = 19.24$, *df* = 4, *p* < .001

^b $\chi^2 = 22.68$, *df* = 4, *p* < .001

^c $\chi^2 = 10.37$, *df* = 4, *p* = .03